



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PUS1609 (1578.702)
First Named Inventor	Adrian Buckley
COMPLETE IF KNOWN	
Application Number	10/789,435
Filing Date	February 27, 2004
Art Unit	n/a
Examiner Name	n/a

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR WIRELESS CHANNEL SELECTION BY A MOBILE DEVICE

(Title of the Invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **02/27/04** as United States Application Number or PCT International

Application Number **10/789,435** and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <u>30973</u>		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Adrian		Buckley	
Inventor's Signature 		Date 28 th MAY 04	
Residence: City	State	Country	Citizenship
Brantwood	California	USA	British
Mailing Address 980 Woodson Lane			
City	State	ZIP	Country
Brantwood	California	94513	USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Craig		Dunk	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Guelph	Ontario	Canada	
Mailing Address 23 Grey Oak Drive			
City	State	ZIP	Country
Guelph	Ontario	N1L 1P2	Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page <u>1</u> of <u>1</u>
--------------------	---	---------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Vytautas Robertas		Kazys	
Inventor's Signature <i>Vytautas Kazys</i>		Date <i>Jun 10/04</i>	
Hamilton Residence: City	Ontario State	Canada Country	Citizenship
Mailing Address <i>24 HACKNEY CRT</i>			
Hamilton City		Ontario State	L9K 1M3 Zip Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Russell		Owen	
Inventor's Signature		Date	
Waterloo Residence: City	Ontario State	Canada Country	Citizenship
450 Chesapeake Drive Mailing Address			
Waterloo City		Ontario State	N2K 4B8 Zip Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-788-9199) and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 30973		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Adrian		Family Name or Surname Buckley	
Inventor's Signature			Date
Residence: City Brentwood	State California	Country USA	Citizenship
Mailing Address 990 Woodson Lane			
City Brentwood	State California	ZIP 94513	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Craig		Family Name or Surname Dunk	
Inventor's Signature <i>Craig Dunk</i>			Date 2004 06 14
Residence: City Guelph	State Ontario	Country Canada	Citizenship
Mailing Address 23 Grey Oak Drive			
City Guelph	State Ontario	ZIP N1L 1P2	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (08-03)
Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>1</u> of <u>1</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Vytautas Robertas		Kezys	
Inventor's Signature		Date	
Hamilton Residence: City		Ontario State	Canada Country
Mailing Address			
Mailing Address			
Hamilton City		Ontario State	L8K 1M3 Zip
Canada Country		Citizenship	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Russell		Owen	
Inventor's Signature		Date	
<i>R. Owen</i>		<i>May 28, 2004</i>	
Waterloo Residence: City		Ontario State	Canada Country
450 Chesapeake Drive Mailing Address		Citizenship	
Mailing Address			
Waterloo City		Ontario State	N2K 4B8 Zip
Canada Country		Citizenship	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-768-9199) and select option 2.



PTO/SB/122 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
*Application*Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	10/789,435
Filing Date	February 27, 2004
First Named Inventor	Shahad Chaudry
Art Unit	2663
Examiner Name	Not yet assigned
Attorney Docket Number	PUS1509 (1578.702)

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number :

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or Agent of record. Registration Number 33,922☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____Typed or Printed
Name Robert H. Kelly

Signature

Date

Telephone 214-706-4200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.